

Eligible Training Provider (ETP) Certification Process
Workforce Investment Board
State of Arizona
Application for Eligibility

Application Summary Information

(Print and forward this application by mail to Yolanda Carrothers or by E-Mail at : ycarroth@ci.phoenix.az.us

Section 1: Training Provider Information

1. Training Provider Name: _____
2. Mailing Address:
Street: _____
City: _____ County: _____ State: _____ ZIP: _____
3. Federal EIN: _____
4. Main Area Code and Phone Number: _____
5. Admissions Phone: _____
6. Financial Aid Phone: _____
7. Web Site Address: _____
8. Administrative Contact (Individual who is the primary contact for questions regarding the application and supporting documentation):
Name: _____
Title: _____
Phone Number: _____
FAX Number: _____
E-mail Address: _____
9. Please provide a brief description of the training provider (not to exceed 50 words): _____

10. Is this provider registered with the U.S. Department of Labor's Bureau of Apprenticeship and Training?
☐ Yes: Date registered with U.S. Department of Labor: _____
☐ No (mm/dd/yyyy)
11. Is this provider accredited?
☐ Yes: Accrediting body: _____
License number: _____ Date of expiration: _____
☐ No (mm/dd/yyyy)
12. Date of last financial audit: _____ Auditing body: _____
(mm/dd/yyyy)
13. Were there any exceptions to this audit?
☐ Yes: (if yes, please describe: _____)
☐ No

FOR LWIB/STATE OF ARIZONA OFFICE USE ONLY			
Date Received by LWIB	Date Approved by LWIB	Date LWIB Submitted to State	Authorized LWIB Signature
Date Received by State	Date Placed on ETPL		Authorized State Signature

Section 2: Training Program Information

NOTE: Please copy and submit Sections 2, 3, 4, and 5 for each training program for which you are requesting approval.

1. Program Name (Name of the training/apprenticeship program or course to be considered for WIA certification):

2. Training Location (Physical Address):

Street: _____

City: _____

State: _____

ZIP Code: _____

County: _____

Main Area Code and Phone Number: _____

3. Please provide a brief description of the program of training services (Example: ABC's office computer program is designed to expand your knowledge of computer programs and how they work. The course covers Windows, Excel, and Word for Windows. The course provides a solid foundation in the basics of office procedure and the latest information in computer programs. Graduates receive a certificate authorizing them to do work in the field of office computers.):

4. Is parking available?

☐ Yes (if yes, what is the cost? \$ _____ / _____) ☐ No

5. Indicate the distance of the training facility from public transportation (check one):

☐ There is a stop directly in front of the training facility

☐ Between 1 and 5 blocks

☐ Between 5 and 10 blocks

☐ More than 10 blocks

☐ There is no access to public transportation

6. Is there a childcare facility on site?

☐ Yes ☐ No

7. Is this program eligible for Pell Grants under Title IV of the Higher Education Act of 1965 (as reauthorized in 1998)?

☐ Yes ☐ No

8. Type of Training Program (check all that apply):

Occupational Program:

☐ Job Readiness
Training

☐ Skill Upgrading
and Retraining

☐ On-the-Job
Training

☐ Entrepreneurial
Training

☐ Cooperative
Education

Degree Program:

☐ Certificate/Licensure
Program

☐ Associate
Degree

☐ Baccalaureate
Degree

☐ Post-baccalaureate
Degree

Registered Apprenticeship Program:

☐

Other:

☐ (Please specify): _____

9. Is the program intended to prepare the student for certification, registration, or licensure?

☐ Yes (if yes, please list the type of certificate, registration, or license AND the name of the certifying, registering, or licensing body)

Type: _____ Name of body: _____

☐ No

10. If the program/course is non-credit, are Continuing Education Units (CEUs) offered to the successful program/course completers?

☐ Yes (if yes, please complete the following information)

Number of CEUs earned: _____

Institution granting CEUs: _____

☐ No

11. Program Offerings (check all that apply):

☐ Full time enrollment

☐ Part time enrollment

☐ Daytime classes

☐ Evening classes

☐ Weekend classes

☐ Labs

☐ Open Entry/Exit (students can start or end program at any time)

☐ Other (specify): _____

☐ English as a Second Language (ESL) instruction

☐ Instruction provided in classroom setting

☐ Instruction provided over the Internet

☐ Paid internships

☐ Non-paid internships

☐ Job placement services

☐ Financial aid counseling

12. Entry level requirements for the training program (Check all that apply):

☐ Reading (specify level): _____ ☐ Physical exam, etc. (specify): _____

☐ Math (specify level): _____ ☐ Medical screening (i.e., drug or alcohol)

☐ Language skills (specify): _____ ☐ High school diploma or GED

☐ Writing skills (specify): _____ ☐ Pre-apprenticeship program

☐ Specific skills, competencies, or proficiencies (specify): _____ ☐ Prerequisite courses (specify names of courses): _____

☐ Other educational requirements (specify): _____

13. Average Class Size: _____

14. Length of time to complete training program (Please specify time in weeks, months, or years): _____

15. List of occupations in which the skill sets gained through this training program are of primary interest. If any of the occupations listed are not on the "Demand Occupation List" provided by the Local Workforce Investment Board, please attach documentation from employers demonstrating that the occupation is in demand.

16. Please describe the minimum hiring qualifications for training instructors (Example: all instructors are required to have a Baccalaureate degree): _____

Section 3: Training Program Costs

PLEASE NOTE: Cost information is collected so that customers can accurately budget their resources. Costs listed should reflect the customary fee charged to the general public, in accordance with published catalogs/information.

1. Detailed Cost Information (per participant). Please fill in all categories that apply to this training program.

Tuition and Required Fees			Related Program Expenses		
Tuition (in-state)	\$		Books		\$
Tuition (out-of state)	\$		Supplies/Materials (e.g., CDs, tools, etc.)		\$
	\$		Uniforms		\$
	\$		Tests/Exams		\$
	\$		Required Medical Examination		\$
	\$		Other (please specify):		\$
	\$		Other (please specify):		\$
	Specify Type	Cost		Specify Type	Cost
Required Fee	Registration Fee	\$	Other		\$
Required Fee	Lab Fee	\$	Other		\$
Required Fee		\$	Other		\$
Required Fee		\$	Other		\$
Total Tuition and Required Fees		\$	Total Related Program Expenses		\$
Total Training Program Cost					\$

Section 4: Performance Statistics

1. Is this the first time you have applied for certification as a training provider (under the Workforce Investment Act of 1998) of this specific training program?
☐ Yes (if yes, please answer the following question)
☐ No (if no, please skip Section 4A: Initial Certification and complete Section 4B: Re-certification **only**)
2. Is this a training program either leading to a certificate or degree under Title IV of the Higher Education Act OR registered under the National Apprenticeship Act?
☐ Yes (if yes, please skip Section 4: Performance Statistics in its entirety and proceed directly to Section 5: Assurances)
☐ No (if no, please complete Section 4A: Initial Certification **only**. Upon completion of Section 4A: Initial Certification, please proceed directly to Section 5: Assurances)

A. Initial Certification

1. Please provide a brief description of the methodology used to collect and verify the performance information reported below: _____

2. The following performance figures must reflect training in the applicable program over the most recent 12 month period. These performance measurements must reflect the performance for all training cycles within this 12 month period. If the training program is performed in multiple locations, please compile the performance data so that it reflects all locations. **WIA requires the State to set a minimum performance standard. Arizona's minimum performance standard has been set at 70%. It is important that you complete the following table accurately since the State will use this information to verify that your training program meets this minimum performance standard.**

Reporting Period: Begin date: _____ End date: _____

Participant Universe: The number of participants that enrolled in the program	
Program Completion: The number of participants that successfully completed the program	
Employment: The number of participants that completed the program and obtained unsubsidized employment (work at which the pay is not supplemented by other sources)	
Related Field Employment: The number of participants that completed the program and obtained unsubsidized employment (work at which the pay is not supplemented by other sources) in an occupation related to the program	
Average Hourly Placement Wage: The average hourly rate at placement in employment for all participants that completed the program	\$

3. If any of the above information is incomplete, please give a justification for the missing or incomplete data and describe how you will collect missing data so that it will be available for recertification purposes.

B. Re-certification

This information is required only from those training providers applying for annual re-certification. Please skip this section if you are applying for initial certification as a training provider.

1. The following performance figures must reflect training by **all** applicants in the applicable program for the 12 month period following the expiration date of your initial certification. These performance measurements must reflect the performance for all training cycles within this 12 month period. If the training program is performed in multiple locations, please compile the performance data so that it reflects all locations. **WIA requires the State to set a minimum performance standard. Arizona's minimum performance standard has been set at 70%. It is important that you complete the following table accurately since the State will use this information to verify that your training program meets this minimum performance standard.**

Reporting Period: Begin date: _____ End date: _____

Participant Universe: The number of participants that enrolled in the program	
Program Completion: The number of participants that successfully completed the program	
Employment: The number of participants that completed the program and obtained unsubsidized employment (work at which the pay is not supplemented by other sources)	
Related Field Employment: The number of participants that completed the program and obtained unsubsidized employment (work at which the pay is not supplemented by other sources) in an occupation related to the program	
Average Hourly Placement Wage: The average hourly rate at placement in employment for all participants that completed the program	\$

2. The following performance figures must reflect training by **WIA applicants only** in the applicable program for the 12 month period following the expiration date of your initial certification. These performance measurements must reflect the performance for all training cycles within this 12 month period. If the training program is performed in multiple locations, please compile the performance data so that it reflects all locations. **WIA requires the State to set a minimum performance standard. Arizona's minimum performance standard has been set at 70%. It is important that you complete the following table accurately since the State will use this information to verify that your training program meets this minimum performance standard.**

Reporting Period: Begin date: _____ End date: _____

Participant Universe: The number of participants that enrolled in the program	
WIA Completion: The number of participants that successfully completed the program	
WIA Employment: The number of participants that completed the program and obtained unsubsidized employment (work at which the pay is not supplemented by other sources)	
WIA Retention: The number of participants that completed the program and are still in unsubsidized employment (work at which the pay is not supplemented by other sources) six (6) months after the first day of employment	
WIA Hourly Wage: The average hourly rate six (6) months after the first day of employment for participants that completed the program	\$
WIA Certificate: The number of participants that completed the program and attained licensure, certification, an academic degree or its equivalent, or other measurable skills	

Section 5: Assurances

1. Would this training provider like its home page linked to the Arizona Workforce Investment Act Statewide Consumer Report System and Eligible Training Provider List website?
☐ Yes (if yes, please specify your website address: http://: _____)
☐ No
2. A check mark next to each of the following items indicates that the training provider can assure provision of this documentation upon request. Noncompliance can mean withdrawal of certification.

<input type="checkbox"/>	Name of accreditation and copy of license or accreditation
<input type="checkbox"/>	Outline of training program/course curriculum completed for every program offered
<input type="checkbox"/>	Criteria for "successful completion" of program/course curriculum
<input type="checkbox"/>	Proof of commercial general liability insurance
<input type="checkbox"/>	Grievance policy
<input type="checkbox"/>	Copy of most recent certified audit statement from Certified Public Accountant and explanation of any audit exceptions
<input type="checkbox"/>	ADA Compliance
<input type="checkbox"/>	Current financial statement
<input type="checkbox"/>	Unemployment Compensation and Workman's Compensation Laws
<input type="checkbox"/>	Federal Debarment and Suspension Certification
<input type="checkbox"/>	Nondiscrimination policy statement
<input type="checkbox"/>	Documentation of all previous legal actions, if any, taken against this provider, including suits, judgments, and claims
<input type="checkbox"/>	Catalogs, brochures, schedules, miscellaneous information
<input type="checkbox"/>	Proof that costs are customary fees in accordance with published catalogs/information
<input type="checkbox"/>	Certification of a drug-free workplace under the Drug-Free Workplace Act

3. Regarding lobbying, the undersigned certifies, to the best of his or her knowledge and belief, that:
 - a. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
 - b. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this contract, grant, loan, or cooperative agreement he undersigned shall complete and submit standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions (*available from the Procurement Officer for this agreement.*).

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

4. Authorized Signature: By signing, I hereby certify that all information contained in this document is accurate as of the date of submission. I also agree to site visits and audits by the Local Workforce Investment Board or the State, and assure the provision of any and all of the above listed documentation upon request. I further certify my understanding that completion of this application does not guarantee selection as a training provider. I also understand that any or all of the items included in the application may be displayed on the Internet as part of the Arizona Workforce Investment Act Statewide Consumer Report System and Eligible Training Provider List.

Certified by:

Signature of Authorized Official

Typed/Printed Name of Signatory

Signatory's Official Title

Name of Organization

Date:

(mm/dd/yyyy)